

UNITED STATES DISTRICT COURT

DISTRICT OF _____

APPEARANCE

Case Number:

To the Clerk of this court and all parties of record:

Enter my appearance as counsel in this case for

I certify that I am admitted to practice in this court.

/s/ ELIZABETH M. BARROS

Date_____
Signature_____
Print Name_____
Bar Number_____
Address_____
City_____
State_____
Zip Code_____
Phone Number_____
Fax Number